0388

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00366

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, X
LENGTH OF STAY (In this place) 36years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Shaw (Last) Akers

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: Feb 26, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Daughters

11. BIRTHPLACE (State or foreign country): Crawford, Nebraska.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James W, Shaw

14. MOTHER'S MAIDEN NAME: Sarah Greenwood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219 22 3375

17. INFORMANT & ADDRESS: Samuel Johnson

3

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Carcinoma of colon & wide metastases — Interval Between Onset And Death: 1 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 0, 1953, to Jan. 2, 1954, that I last saw the deceased alive on Jan. 2, 1954, and that death occurred at 4 AM, from the causes and on the date stated above.

SIGNATURE Neil Taylor MD (Degree or title) — ADDRESS Rising Sun Md — DATE SIGNED 1/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 5, 1954 — NAME OF CEMETERY OR CREMATORY Brookview Cem — LOCATION (City, town, or county) Rising Sun, Cecil (State) MD

DATE REC'D BY LOCAL REGISTRAR Jan 4-54 — REGISTRAR'S SIGNATURE L M Worthington — 24. FUNERAL DIRECTOR J.E. Tyson. — ADDRESS Rising Sun. Md.

VS. A15

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00367

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 31 LENGTH OF STAY (In this place) Acc'd
HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Belle Lane X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 31
STREET ADDRESS (If rural, give location) 114 Belle Lane.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) HENRY (Last) ANDERSON
4. DATE OF DEATH (Month) 1 (Day) 11 (Year) 1954
5. SEX M
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-15-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cecilleo Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME No Inf
14. MOTHER'S MAIDEN NAME No Inf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Jas. W. Wilson Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson MD (Degree or title) DmE ADDRESS Rising Sun Md. DATE SIGNED 1-11-54

23. MEDIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 14/54
NAME OF CEMETERY OR CREMATORY Elkton Col Cemt
LOCATION (City, town, or county) Elkton (State)
DATE REC'D BY LOCAL REG. Jan 13
REGISTRAR'S SIGNATURE F R Frazier
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton Md

Cor. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00368

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH:
COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST — LENGTH OF STAY (in this place) 34 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X NORTH EAST RD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) C (Last) BAILIFF

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9-20-1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARM OWNER

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abner Bailiff

14. MOTHER'S MAIDEN NAME: Christine Stockner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Ralph Bailiff North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

450.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 3 yrs

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Mar., 1946, to 3 Jan., 1954, that I last saw the deceased alive on 30 Dec., 1953, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hans H Hueber M.D. — ADDRESS: North East Md — DATE SIGNED: 5 Jan '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-5-1954 — NAME OF CEMETERY OR CREMATORY: Bay View Methodist Bay View Cem Co — LOCATION (City, town, or county) (State): Md

DATE REC'D BY LOCAL REGISTRAR: 1-5-1954 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R Frank — ADDRESS: North East Md

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 16 Yrs. 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Virginia — COUNTY: Independant City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
25 Days
STREET ADDRESS (If rural, give location): 601 S. Patrick St.

3. NAME OF DECEASED (Type or Print): (First) E. James (Middle) T. (Last) BALLARD

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 7, 1891

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unkown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral Hemorrhage	1 Day
Antecedent cause(s)	(b) Cerebral Arteriosclerosis	5 Years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) General Paresis	30 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-37, 19..., to 1-9-..., 1954, that I last saw the deceased alive on ..., 19..., and that death occurred at 8:55p.m., from the causes and on the date stated above.

SIGNATURE: Lillian M Harris M.D.
(Degree or title)
WILLIAM M. HARRIS, M.D., Actg., Chief Professional Services, VAH, Perry Point
ADDRESS
DATE SIGNED: 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 1-10-54
NAME OF CEMETERY OR CREMATORY: Arlington National.
LOCATION (City, town, or county) (State): Ft. Myer, Va.

DATE REC'D BY LOCAL REG.: Jan. 10/1954
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Cunningham Funeral Home
ADDRESS: CUNNINGHAM FUNERAL HOME, INC., 807-809 Cameron St., Alexandria, Va.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00379

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Perryville, Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frenchtown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural give location) Frenchtown Rd

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Vera (Last) Bines

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1-7-1906

9. AGE last birthday: 48 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Hornberger

14. MOTHER'S MAIDEN NAME: Maggie Shillman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Edward E. Bines, Perryville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Intestines — Interval Between Onset And Death: 14 Months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1953

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Intestines

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1953, to January 17, 1954, that I last saw the deceased alive on Jan 17, 1954, and that death occurred at 1205 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Benson M.D. — ADDRESS Port Depot. Md — DATE SIGNED 1-13-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1-14-1954 — NAME OF CEMETERY OR CREMATORY Calvary — LOCATION (City, town, or county) (State) Port Deposit, Md Rural

DATE REC'D BY LOCAL REGISTRAR Jan. 13, 1954 — REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg

24. FUNERAL DIRECTOR Vee A. Patterson & Son — ADDRESS Perryville, Md

VS. A15

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MARGIN RESERVED FOR BINDING

A WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mildred (Middle) Ann Boutchyard (Last)
4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 1954

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Single
8. DATE OF BIRTH 2-25-36
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl
10b. KIND OF BUSINESS OR INDUSTRY Student
11. BIRTHPLACE (State or foreign country) Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adrian Boutchyard
14. MOTHER'S MAIDEN NAME Gladys Mars

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Adrian Boutchyard, North East. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

823X

Immediate cause (a) Fractured Frontal bone and base of skull Fractured

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) left femur and both jaws.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
(CITY OR TOWN) North East, R.D. (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 12 (Day) 31 (Year) 53 (Hour) 11.45 P.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Automobile hit a tree

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. C. Dodson (Degree or title) MD DME
ADDRESS Rising Sun, Md.
DATE SIGNED 1-1-54

FINAL CREMATION (Date of Injury) burial
DATE OF BURIAL Jan 4
NAME OF CEMETERY OR CREMATORY Charlestown Cemetery
LOCATION (City, town, or county) Charlestown (State) Md

DATE RECEIVED BY LOCAL REG. Jan 2
REGISTRAR'S SIGNATURE [illegible] Frazer
24. FUNERAL DIRECTOR L. A. Patterson & Son
ADDRESS Perryville Md

C374

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 113 E. Main St.

3. NAME OF DECEASED: (Type or Print) (First) NORMA (Middle) JANE (Last) BRUCE
4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: 11/8/53
9. AGE last birthday: 2 Mos yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Elkton, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Merritt Bruce
14. MOTHER'S MAIDEN NAME: Harriett Christine Bruce
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Harriett Christine Bruce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

571.0

Immediate cause (a) unknown

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vomiting, diarrhea +

DUE TO

(c) Malnutrition - Premature

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifton R. Brooks, M.D. ADDRESS Union Hospital, Elkton DATE SIGNED 10 Jan 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 12, 1954 NAME OF CEMETERY OR CREMATORY Elkton Cemetery LOCATION (City, town, or county) (State) Elkton, Md.
DATE REC'D BY LOCAL REGISTRAR Jan 12 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin + Son ADDRESS Elkton, Md
D.G.

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JAN 14 19
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): 228 W. Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Cann	Jan	14	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Wh.	Married	June 14, 1872	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home wife	At Home	Lewisville, Pa.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Edward Cann	Mary M. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. John J. Cann 228 W Main St Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
442 x Immediate cause (a) Pulmonary Edema	2 days
Antecedent cause (b) Cardio vascular renal	unknown
904.0 (c)	

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Fractured neck of femur 10/30/53

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	Elkton	Cecil	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR?
10 - 30 - 53 m.		Fall on floor

22. I hereby certify that I attended the deceased from 10/30, 1953, to 1/14, 1954, that I last saw the deceased alive on 1/14, 1954, and that death occurred at 5 35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Herbert Bates	M.D.	Elkton Md	1/15/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 17, 1954	St Johns Cemetery	Lewisville,	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 16	F R Frazer	H. M. Biffin & Son	Elkton Md.

W. A. Tinsley

BUREAU

0376

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.D. LENGTH OF STAY (In this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fox Catcher Farms Fair Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) Fox Catcher Farms Fair Hill Md.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FRANKLIN (Last) CARTER.
4. DATE OF DEATH (Month) 1 (Day) 4 (Year) 1954

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-17-1918
9. AGE last birthday 35 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand.
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Prince William Co Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Howard Carter
14. MOTHER'S MAIDEN NAME Bessie Agnes Himes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Wm F Carter Bluemont Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

891.5

Immediate cause (a) Carbon Monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm Road (CITY OR TOWN) Elkton Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 4 (Year) 54 (Hour) p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Gas fumes in closed Car

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident X, suicide , homicide , undetermined .

SIGNATURE A. C. Hodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 1-5-54

SERIAL CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan. 8/54 NAME OF CEMETERY OR CREMATORY Antioch LOCATION (City, town, or county) Prince Wm County (State) Va

DATE REC'D BY LOCAL REG. Jan 6 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 41A

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, LENGTH OF STAY (in this place) 1 wk
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 3501 Concord Pike

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) Slaughter (Last) Cochran

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 9 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House wife.

11. BIRTHPLACE (State or foreign country): Johnsons Corner Del Cty Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hilbert Slaughter

14. MOTHER'S MAIDEN NAME: Sarah Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 321X

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris — Unknown

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1954, to Jan. 12, 1954 that I last saw the deceased alive on Jan. 12, 1954, and that death occurred at 10.15 P.m., from the causes and on the date stated above.

SIGNATURE S. Reff Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 1/12/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF Jan 15/54 NAME OF CEMETERY OR CREMATORY Elam Meth. Cem. LOCATION (City, town, or county) Elam (State) Pa

DATE REC'D BY LOCAL REG. Jan 13 REGISTRAR'S SIGNATURE F.R. Frazer

24. FUNERAL DIRECTOR H.W. Pippen & Son ADDRESS Elkton, Md By [illegible]

Cochran

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) 208 1/2 W. Main St

3. NAME OF DECEASED: (Type or Print) (First) Patrick (Middle) J. (Last) Colgan
4. DATE OF DEATH: (Month) Jan. (Day) 18 (Year) 1954
5. SEX: M
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: Mar. 1 1899
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Guard
10b. KIND OF BUSINESS OR INDUSTRY: American Powder
11. BIRTHPLACE (State or foreign country): Ireland.
12. CITIZEN OF WHAT COUNTRY? USA ✓
13. FATHER'S NAME: Patrick Colgan
14. MOTHER'S MAIDEN NAME: Bridgett Jordan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Hospital Records. Elkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X

Immediate cause (a) Carcinoma of the Pancreas — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1954, to Jan 19, 1954, that I last saw the deceased alive on Jan 18, 1954, and that death occurred at 3.45 A.M., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews (Degree or title) M.D. ADDRESS Elkton Md. DATE SIGNED 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial
DATE THEREOF Jan 23/54
NAME OF CEMETERY OR CREMATORY Holy Cross
LOCATION (City, town, or county) (State) Brooklyn N.Y.
DATE REC'D BY LOCAL REGISTRAR Jan 19
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR A. W. Pippin & Son By
ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) 29yrs8mos1day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY BEAVER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEW BRIGHTON 75X
STREET ADDRESS (If rural, give location) 702 - 13th Street

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) B. (Last) CONNERS
4. DATE OF DEATH (Month) January (Day) 9 (Year) 1954

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH JANUARY 8,1898
9. AGE last birthday 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOSEPH B. CONNERS, SR.
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X

Immediate cause (a) Carcinoma of the stomach with perforation and metastasis — 1 year

Antecedent cause(s) — Approx. 5 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Healed Tuberculosis — Approx. 12 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 8, 1924, to Jan. 9, 1954, ~~that I last saw the deceased~~ ~~alive on~~, and that death occurred at 4:15PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. (Degree or title) ADDRESS DATE SIGNED 1-11-54

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL DATE 1-11-54 NAME OF CEMETERY OR CREMATORY Unknown LOCATION (City, town, or county) New Brighton, Pa. (State)

DATE REC'D BY LOCAL REG. Jan 12, 1954 REGISTRAR'S SIGNATURE Ida M. Wagnerty Reg. Reg.

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre De Grace, Md.

MARGIN RESERVED FOR BINDING

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0379

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 3yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Durnie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) W. Main St

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) (Last) COFFIDAN
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 3, 1876
9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Former wife.
11. BIRTHPLACE (State or foreign country): Phila. Pa
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: No Inf
14. MOTHER'S MAIDEN NAME: No Inf
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Edward H. Duffy Ches. City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Thrombosis — 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Endocarditis — 3 yrs
(c) Cardiac vascular renal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Jan 6, 1954, that I last saw the deceased alive on Jan 6, 1954, and that death occurred at 11 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Herbert Bates M.D. ADDRESS Elkton Md DATE SIGNED 1/

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 9 54
NAME OF CEMETERY OR CREMATORY: Elkton
LOCATION (City, town, or county) (State): Elkton Md

DATE REC'D BY LOCAL REG.: Jan 9
REGISTRAR'S SIGNATURE: F R Fraser
24. FUNERAL DIRECTOR: H W Rippon & Son ADDRESS: Elkton Md
By H W Rippon

6393

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0379

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 6 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Dinsmore

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 29, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Dinsmore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hilda Dinsmore Rising Sun, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 24 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2, 1954, to 1/25, 1954, that I last saw the deceased alive on 1/23, 1954, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE J. Earl Tyson (Degree or title) MD ADDRESS Rising Sun DATE SIGNED 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 27, 1954 NAME OF CEMETERY OR CREMATORY Ebenezer Cem. LOCATION (City, town, or county) Near Rising Sun (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 27-54 REGISTRAR'S SIGNATURE L.M. Worthington M. FUNERAL DIRECTOR J. Earl Tyson ADDRESS Rising Sun Md.

VS. A15

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) DIXON
4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1954

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-3-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Dun
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joseph Dixon
14. MOTHER'S MAIDEN NAME Rebecca Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Ed Fellows Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE R C Dodson MD (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 1-4-54

DISPOSITION Burial DATE THEREOF Jan. 6, 1954 NAME OF CEMETERY OR CREMATORY Galena Cem. LOCATION (City, town, or county) Galena (State) Md.

DATE REC'D BY LOCAL REG. 1 6 54 REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Fillingame

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) FILLINGAME (Last)
4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 8, 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Chesapeake City, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Fillingame
14. MOTHER'S MAIDEN NAME: Mariam ~~Taylor~~ Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No:
17. INFORMANT & ADDRESS: Mariam Taylor 5556 Thomas Phila, Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left breast — 2 years

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1953, to Jan 2, 1954, that I last saw the deceased alive on Jan 1, 1954, and that death occurred at 7:00 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Glenn W Davis MD. ADDRESS Chesapeake City Maryland DATE SIGNED 1/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 4, 1954
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) (State) Mt Chesapeake City Md

DATE REC'D BY LOCAL REGISTRAR Jan 4
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son Elkton, Md ADDRESS

DR.

JAN 6
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
LENGTH OF STAY (in this place) 2 days 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederica
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED: (Type or Print) (First) STEVEN (Middle) WAYNE (Last) HAND

4. DATE OF DEATH: (Month) JAN (Day) 20 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 1-17-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours 5 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DONALD WAYNE HAND

14. MOTHER'S MAIDEN NAME: VIRGINIA LOIS PIERSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: DONALD WAYNE HAND - FREDERICA, DELAWARE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) TETANY (NEWBORN) #7885

DUE TO Hydronephrosis, right kidney, secondary to

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) congenital kinking of right ureter

DUE TO Atelectasis congenital without

(c) immaturity

Interval Between Onset And Death: 2 days 5hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17, 1954, to 1-20-, 1954, that I last saw the deceased alive on 1-20-, 1954, and that death occurred at 0425, from the causes and on the date stated above.

SIGNATURE Donald B. Nicholson (Degree or title) ADDRESS DATE SIGNED

DONALD B. NICHOLSON LT MC USNR U. S. NAVAL HOSPITAL, BAINBRIDGE, MD. 1-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-21-54

NAME OF CEMETERY OR CREMATORY: West Nottingham Cemetery

LOCATION (City, town, or county) (State): Colora, Cecil, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1/20/54

REGISTRAR'S SIGNATURE: Dorothy L. Bramble

24. FUNERAL DIRECTOR: Wm. A. Patterson & Son, Perryville, Md.

ADDRESS

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

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MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MD. LENGTH OF STAY (in this place) 1 6yrs11Mos10da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS VA HOSPITAL, PERRY POINT, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE DELAWARE, COUNTY NEW CASTLE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILMINGTON 46X-3
STREET ADDRESS (If rural, give location) 917 Walnut Street

3. NAME OF DECEASED (Type or Print) (First) ERNEST (Middle) J. (Last) HILL
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1954

5. SEX MALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 10-3-93
9. AGE last birthday 60 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER
10b. KIND OF BUSINESS OR INDUSTRY Barber
11. BIRTHPLACE (State or foreign country) WILMINGTON, DELAWARE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME DANIEL HILL - Deceased
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT AND ADDRESS HOSPITAL RECORDS, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Hypertensive Cardiovascular Disease

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 5 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan. 29, 1937, to Jan. 8, 1954, ~~that I last saw the deceased alive on~~ ~~, 19~~, and that death occurred at 9:07 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 1-10-54
William M. Harris M.D.
WILLIAM M. HARRIS, M.D., Acting Chief Professional Services, VAH, Perry Point, Md.

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE 1-10-54
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. Jan 12, 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty Actg Reg.
24. FUNERAL DIRECTOR ADDRESS
Pennington & Son
PENNINGTON & SON, Havre d Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elk Mills
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elk Mills
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) STANLEY (Last) JACKSON

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 26, 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Weaver
10b. KIND OF BUSINESS OR INDUSTRY: Baldwin Manuf. Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jackson
14. MOTHER'S MAIDEN NAME: Sarah Dee

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-05-2550
17. INFORMANT & ADDRESS: Mrs. Sarah S. Jackson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Coronary occlusion	15 minutes
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerosis	20 yrs.
	DUE TO (c)	Diabetes mellitus	20 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐ —
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from April, 1953, to January, 1954, that I last saw the deceased alive on 23, January, 1954, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry A. Spangler, MD.
ADDRESS Elkton, Maryland
DATE SIGNED 1/30/54.

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 2/2/54
NAME OF CEMETERY OR CREMATORY Cherry Hill Methodist Cem
LOCATION (City, town, or county) Cherry Hill (State) Md.

DATE REC'D BY LOCAL REGISTRAR Feb 2
REGISTRAR'S SIGNATURE H. R. Frazer
24. FUNERAL DIRECTOR H. Walter Wm Bose, Jr.
ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Roy Cather Farm, Fairhill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) Roy Cather Farm, Fairhill

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) J. (Last) JENNINGS

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 11-15-1920

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Harris. Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J. Jennings

14. MOTHER'S MAIDEN NAME: Mary Merit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 231-14-7865

17. INFORMANT AND ADDRESS: Violet Jennings Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 991.5 Carbon Monoxide Poisoning — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm. | (CITY OR TOWN) Elkton Rural | (COUNTY) Cecil | (STATE) Md

TIME OF INJURY (Month) 1 (Day) 4 (Year) 54 (Hour) 0 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Gored by Auto.

22 I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X suicide ___, homicide ___, undetermined ___.

SIGNATURE (Degree or title) H. Woodson Jr MD — ADDRESS Dan E Rauch Dan Md — DATE SIGNED 1-6-54

FINAL DISPOSITION (Burial, Cremation, Removal, Other) Burial — DATE THEREOF Jan 8/54 — NAME OF CEMETERY OR CREMATORY Shope — LOCATION (City, town, or county) New Lewisville, Pa (State)

DATE RECD BY LOCAL REG. Jan 6. — REGISTRAR'S SIGNATURE J R Frazer — 24. FUNERAL DIRECTOR Hutchison Son — ADDRESS Elkton, Md

By O.H.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND - STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give name of town) OR TOWN Perry Point; MARYLAND LENGTH OF STAY (in this place) 1 mo. 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anne Arundel Pasadena; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ZACHARIAH (Middle) (NMI) (Last) JOHNSON

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-17-1875

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Anne Arundel Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Zachariah Johnson - Deceased

14. MOTHER'S MAIDEN NAME: Lela (maiden name unknown)- Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 X

Immediate cause (a). Pulmonary Infarction — Interval between onset and death: 1 week

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b). Lobar pneumonia, right upper lobe — 1 week

(c). Thrombosis, left common iliac vein — 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple pulmonary emboli — 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-25 ..., 1953, to 1-19-54 19..., and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE W. OPPLER, M.D. (Degree or title) ADDRESS Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 1-21-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE 1-21-54; NAME OF CEMETERY OR CREMATORY Glen Haven; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/21/54; REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland; MARYLAND LENGTH OF STAY (in this place) 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 15 East 24th Street

3. NAME OF DECEASED (Type or Print): (First) STERLING (Middle) B. (Last) JONES

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-4-1891

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE EDWARD JONES Deceased

14. MOTHER'S MAIDEN NAME: MARY BERNETTA INSLEY Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
521.1 Immediate cause	(a) Bronchopneumonia, B lateral	1 Week
Antecedent cause (b)	Lung Abcess, Right Upper Lobe	1 Month
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ..... (c) Arteriosclerotic Heart Disease	5 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Dec. 14, 1953, to Jan. 8, 1954, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

WILLIAM M. HARRIS, M.D., Acting Chief Professional Services, VAH, Perry Point Md. 1-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE 1-9-54 | NAME OF CEMETERY OR CREMATORY: Unknown | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Jan. 10/1954 | REGISTRAR'S SIGNATURE Irene E. Dougherty

24. FUNERAL DIRECTOR ADDRESS

PENNINGTON & SON, Havre de Grace, Maryland

MARGIN RESERVED FOR BINDING

0381

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Holmes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Holmes Nursing Home.

3. NAME OF DECEASED (Type or Print) (First) SUSANNA (Middle) BEALL (Last) KELLY.

4. DATE OF DEATH (Month) 1 (Day) 3 (Year) 1954

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 6, 1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Beall
14. MOTHER'S MAIDEN NAME Lottie Willgis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Nelson Kelley. Bellair, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiovascular Renal Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to 1-3, 1954, that I last saw the deceased alive on 12-15, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. L. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 1-4-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 7 1954
NAME OF CEMETERY OR CREMATORY Mt. Zion, Fountain Green Ex.
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Jan 4
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippen & Son ADDRESS Elkton, Md

D.D.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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0401

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING. The correct age

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton RD | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) STEPHEN (Middle) (Last) LEWANDOWSKI
4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1954

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write) Single | 8. DATE OF BIRTH July 27-18 | 9. AGE Last birthday 63 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand | 10b. KIND OF BUSINESS OR INDUSTRY Labor | 11. BIRTHPLACE (State or foreign country) Poland | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Joe Lewandowski | 14. MOTHER'S MAIDEN NAME Katie Friday

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-10-0381 | 17. INFORMANT AND ADDRESS Elsie Spence - Earleville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
R. L. Dodson MD Dr. E. Cleary Hill 1-18-54

BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan. 23-54 | NAME OF CEMETERY OR CREMATORY Cecilton Cem. | LOCATION (City, town, or county) (State) Cecilton, Cecil Co. Md.

DATE REC'D BY LOCAL REG. Jan. 23-54 | REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney | 24. FUNERAL DIRECTOR ADDRESS Edward Fellows - Millington Md.

VS. A15A

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BUREAU V. S.

0402

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) 23 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS V.A. Hospital, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Joseph (Last) Malloy
4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1954
5. SEX M.
6. COLOR OR RACE Mule
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-10-1889
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Queen Ann Co Md
12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME James Malloy
14. MOTHER'S MAIDEN NAME Julia Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) WWI
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS V.A. Hosp. Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection X, Inquiry X therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident, suicide, homicide, undetermined.*

SIGNATURE R. C. Dodson MD (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 1-16-54

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 1/16/54
NAME OF CEMETERY OR CREMATORY Church Hill Catholic Cemetery
LOCATION (City, town, or county) (State) Church Hill, Md.

DATE REC'D BY LOCAL REG. Jan 16 1954
REGISTRAR'S SIGNATURE Ida M. Daugherty acty Reg.
24. FUNERAL DIRECTOR Louis E. Lane ADDRESS ~~EDGAR L. LANEFUNER HOME, Church Hill, Md.~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
MARYLAND — LENGTH OF STAY (In this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: District of Columbia
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
47X-3
STREET ADDRESS (If rural, give location): 452 Newcomb St., S.E.

3. NAME OF DECEASED (Type or Print): (First) SANTONIE (Middle) (NMI) (Last) MARCEL

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-24-1887

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef

10b. KIND OF BUSINESS OR INDUSTRY: Hecht Company Wash. D.C.

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Santonie Marcel

14. MOTHER'S MAIDEN NAME: Jule Chauvt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

155X

Immediate cause (a) Pneumonia, Bronchial, Bilateral. — Interval Between Onset and Death: 3 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Careinoma of Biliary Tract, Undifferentiated — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Widespread abdominal Metases. — Unknown

19a. DATE OF OPERATION: 1-10-54

19b. MAJOR FINDINGS OF OPERATION: Careinomatosis

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 12-21, 1953, to 1-11, 19 54, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. OPPLER, M.D. ADDRESS Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 1-12-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 1-12-54
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: Jan 12 1954
REGISTRAR'S SIGNATURE: Ella M. Daugherty Acting Reg

24. FUNERAL DIRECTOR: W.W. Chambers for W.W. CHAMBERS, 517-11th St., S.E. Wash. D.C.
ADDRESS: 517-11th St. S.E.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point X
LENGTH OF STAY (in this place): 12yrs.1mo.21days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe 02-57-2
STREET ADDRESS (If rural, give location): 1234 Linden Avenue

3. NAME OF DECEASED (Type or Print): (First) EDward; (Middle) L.; (Last) Murray

4. DATE OF DEATH: (Month) January; (Day) 5; (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-23-1896

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Silk Worker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Georgetown, D.C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles H. Murray - Deceased

14. MOTHER'S MAIDEN NAME: Elizabeth Seaton - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-10 X

Immediate cause (a): Bilateral Bronchial Pneumonia, Terminal. — Interval Between Onset and Death: 12 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Rheumatic Heart Disease, with Mitral Stenosis — 10 Years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 11-15 ., 1941., to 1-5 ., 19.54 , and that death occurred at 1:15 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 1-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 1-5-54

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Jan.5 1954

REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg.

24. FUNERAL DIRECTOR: Jas. Cook Inc. ADDRESS: 1217-S Paul St

WM. COOK, INC. St. Paul & Preston Sts., Balto. Md

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 11yrs.5mo.7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rockville Center, Long Island
STREET ADDRESS (If rural, give location): 11 Mount Avenue

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) M. (Last) O'NEILL

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-29-1890

9. AGE last birthday: 63 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Reg.Nurse

10b. KIND OF BUSINESS OR INDUSTRY: Hospital - New York City

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Renal Hematuria — Interval between onset and death: Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease, hypertension
Hemiplegia, left side — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 8-12, 1942, to 1-19, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 7:05 a.m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 1-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: 1-20-54 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): New York, N.Y.

DATE REC'D BY LOCAL REG.: Jan. 20/1954 — REGISTRAR'S SIGNATURE: Ida M. Baughesty, Actg. Reg.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

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BUREAU, V. S.

0382

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 9r

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Elkton
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital,

2. USUAL RESIDENCE (HOME) OF DECEASED: New Castle
STATE Delaware - RD 2 COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) ~~Elkton~~ Rural
STREET ADDRESS (If rural give location) RD 2 Newark

3. NAME OF DECEASED: (Type or Print) First: Stephen Middle: O'Rourke Last:
4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Dec 25 1862
9. AGE last birthday: 91 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Newark-RD2 Del.
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: Timothy O'Rourke
14. MOTHER'S MAIDEN NAME: Alice Flynn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) A — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Miss Mary Beers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Cerebral Hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Age & arteriosclerosis
DUE TO
(c)
Interval Between Onset And Death: 3 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12 - 1954 to Jan 14 1954 that I last saw the deceased alive on Jan. 14 1954 and that death occurred at 9.25 P.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) V. H. McKnight M.D. ADDRESS 113 Bridge St. Elkton-Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Jan 17 1954
NAME OF CEMETERY OR CREMATORY Catholic Cemetery
LOCATION (City, town, or county) Elkton (State) Md
DATE REC'D BY LOCAL REGISTRAR Jan 16
REGISTRAR'S SIGNATURE H R Frazer
24. FUNERAL DIRECTOR W. H. Pippin & Son ADDRESS Elkton Md
W. A. Lusby.

VS. A15

BUREAU V. S.

B.1 0383

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE CECIL Co Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Osborne

4. DATE OF DEATH: (Month) (Day) (Year) Jan 1 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: 1-1-1954
9. AGE last birthday: — yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ELKTON Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin E Osborne
14. MOTHER'S MAIDEN NAME: Dixie Aldine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Martin E Osborne Charlestown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 761.0 (a) Cerebral Anoxia secondary to: — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Ruptured Uterus in mother through scar of previous Caesarian Section — 6 1/2 hrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Jan, 1954, to 1 Jan, 1954, that I last saw the deceased alive on 1 Jan, 1954, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H Hacker M.D.
ADDRESS North East Md
DATE SIGNED 1 Jan '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-3-54
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East Md

DATE REC'D BY LOCAL REGISTRAR Jan 2
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grace
ADDRESS North East Md

0405

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RFD#3, Elkton
LENGTH OF STAY (in this place) 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD#3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
STREET ADDRESS (If rural give location) RFD#3

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Ennis (Last) Ross
4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12·3·1893
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Horse creek N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~William~~ Daniel Rhoades
14. MOTHER'S MAIDEN NAME: ~~Cecilia Rhoades~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced bilateral
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) pulmonary tuberculosis
DUE TO
(c)

Interval Between Onset And Death: 12 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1·15, 1954, to 1·18, 1954, that I last saw the deceased alive on 1·17, 1954, and that death occurred at 7.15 P.M., from the causes and on the date stated above.
SIGNATURE Peter Stourakis (Degree or title) M.D. ADDRESS 154 W. Main St. Elkton, Md. DATE SIGNED Jan 18-54.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 21/54
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Cherry Hill, Md (State)
DATE REC'D BY LOCAL REGISTRAR Jan 19
REGISTRAR'S SIGNATURE F.R. Frazer
24. FUNERAL DIRECTOR H.W. Pippin & Son ADDRESS Elkton, Md
3 CHP.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: District of Columbia; COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington
STREET ADDRESS (If rural, give location): 2645 Birkley Place, S.E.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (NMI) (Last) SHORTER

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-10-1897

9. AGE last birthday: 56 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Various Contractors

11. BIRTHPLACE (State or foreign country): Washington, D.C. Wash. DC

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Shorter - Deceased

14. MOTHER'S MAIDEN NAME: Mary Carter - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 X

Immediate cause (a): Broncho-pneumonia, both upper lobes — Interval Between Onset and Death: Approx. 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Carcinoma of the Esophagus with erosion into trachea — Approx. 4 months

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I BA attended the deceased from 12-30 ., 1953., to 1-6 ., 1954 ~~saw the deceased~~

~~Viewed the body~~, and that death occurred at 6:55 a m., from the causes and on the date stated above.

SIGNATURE: W. OPPLER, M.D. (Degree or title) Chief, Professional Services, ADDRESS: VAH, Perry Point, Md. DATE SIGNED: 1-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 1-7-54
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Ft. Myer, Va.

DATE REC'D BY LOCAL REG.: Jan 8 1954
REGISTRAR'S SIGNATURE: Ida M. Daugherty asg Reg.

24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton Rural — LENGTH OF STAY (In this place): 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fox Catcher Farm Fair Hill

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Elkton Rural.
STREET ADDRESS (If rural, give location): Fox Catcher Farm, Fair Hill

3. NAME OF DECEASED (Type or Print): (First) Opal (Middle) Louise (Last) Sturgell
4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1954
5. SEX: F.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-10-1939
9. AGE last birthday: 14 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Girl
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frankford W. Va
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Wilbur Sturgell
14. MOTHER'S MAIDEN NAME: Georgia Blankship
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Wilbur Sturgell, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

891.5

Immediate cause (a) Carbon Monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.): Farm. — (CITY OR TOWN): Elkton Rural — (COUNTY): Cecil — (STATE): Md
TIME OF INJURY: (Month) 1 (Day) 4 (Year) 54 (Hour) 6 m. — INJURY OCCURRED: While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Gased G Auto.

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.

SIGNATURE: R. L. Dodson (Degree or title) MD — ADDRESS: Rising Sun Md — DATE SIGNED: 1-6-54

23. MODE OF CREMATION (Usual, Rarely): Burial — DATE THEREOF: Jan 8/54 — NAME OF CEMETERY OR CREMATORY: Shorps — LOCATION (City, town, or county): Cecil Co — (State): Md

DATE REC'D BY LOCAL REG.: Jan 6 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H W Tippin & Son — ADDRESS: Elkton, Md. By [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Andora; LENGTH OF STAY (in this place) 55	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Andora (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Andora, near Elkton	STREET ADDRESS (If rural give location) Andora, near Elkton

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Dora (Last) Valentine			4. DATE OF DEATH (Month) January (Day) 30 (Year) 1954		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7/29/74	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Iron Hill, [illegible]		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Noah D. Congo			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. non	17. INFORMANT Ralph G. Valentine-[illegible], Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
543X Immediate cause	(a)	Acute Myocardial Infarction	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	6 years
	(c)	Chronic Gastritis	8 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1946, to January 30, 1954, that I last saw the deceased alive on January 29, 1954, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James L. Johnson	M.D.	245 E. High St. Elkton, Md.	2/2/54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF [illegible]	NAME OF CEMETERY OR CREMATORY St. [illegible]	LOCATION (City, town, or county) (State) Glasgow, Del.
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Edw R Bell	ADDRESS 999 Poplar St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH.
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 Elkton
STREET ADDRESS (If rural give location) 102 Stockton St

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Howard S. Vincent
4. DATE OF DEATH: (Month) (Day) (Year) Jan 22 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Apr 1 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Judge
10b. KIND OF BUSINESS OR INDUSTRY: Orphans Court
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abediah Vincent
14. MOTHER'S MAIDEN NAME: Elizabeth Calhoun

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Ethel Collins Stockton St Elkton

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Acute Cardiac Dilatation — Interval Between Onset And Death 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic myocarditis — 3-4 yrs.

DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan —, 1945, to June 22, 1954, that I last saw the deceased alive on Jun 21, 1954, and that death occurred at 9.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] MD
ADDRESS [illegible] Elkton Md
DATE SIGNED 1/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 26
NAME OF CEMETERY OR CREMATORY St Georges
LOCATION (City, town, or county) (State) St Georges Del

DATE REC'D BY LOCAL REGISTRAR Jan 25
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR R. J. Jones Newark Del
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1954
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (In this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) S (Last) VON HOFEN
4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1954
5. SEX: F. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-3-1863 — 9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ireland. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: David Mackey.
14. MOTHER'S MAIDEN NAME: Margaret Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Paul Von Hofen North East Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis and Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1953, to 1-5, 1954 that I last saw the deceased alive on 1-5, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE: A LeDoctor MD (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 1-6-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-7-1954 — NAME OF CEMETERY OR CREMATORY: Newickley — LOCATION (City, town, or county) (State): Newickley, Alleghany Co Pa

DATE REC'D BY LOCAL REG. 1-6-54 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel — 24. FUNERAL DIRECTOR: Joseph R. Grant — ADDRESS: North East Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS 420 North St.	STREET ADDRESS (If rural, give location) 420 North St.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Beck (Last) Walton

4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1954

5. SEX F. — 6. COLOR OR RACE Wh — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH July 2, 1879 — 9. AGE last birthday 74 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home — 10b. KIND OF BUSINESS OR INDUSTRY House Wife — 11. BIRTHPLACE (State or foreign country) Delaneys, Del. — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Albert Franklin Walton — 14. MOTHER'S MAIDEN NAME Matilda Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS A. Leland Walton Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

51 X

Immediate cause (a) Pulmonary Edema — 2 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of stomach — 1 year

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/8/53 — 19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 22, 1951, to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE J Herbert Bates (Degree or title) M.D. ADDRESS Elkton Md DATE SIGNED Jan 7-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Jan 9/54 — NAME OF CEMETERY OR CREMATORY Odd Fellows Cemt. — LOCATION (City, town, or county) (State) Burlington, N. J.

DATE REC'D BY LOCAL REG. Jan 9 — REGISTRAR'S SIGNATURE F R Frazer — 24. FUNERAL DIRECTOR H. W. Pippin & Son Elkton, Md. ADDRESS

By [signature]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0410

402

MARYLAND STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 20yrs.6mo.18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seattle
STREET ADDRESS (If rural, give location) 10018 - 65th Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) BERT (Middle) F. (Last) WILLIS

4. DATE OF DEATH (Month) January (Day) 15 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1-1-1894

9. AGE last birthday 60 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Brainerd, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown - Deceased

14. MOTHER'S MAIDEN NAME Unknown - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Bronchial pneumonia — 5 days

Antecedent cause(s) (b) Myocardial Infarction — 10 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 6-28, 1933, to 1-15, 1954, ~~that I last saw the deceased alive on~~ ~~and that death occurred at~~ 12:45 p.m., from the causes and on the date stated above.

SIGNATURE W. Oppler (Degree or title) ADDRESS DATE SIGNED

W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. 1-18-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE 1-18-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 20, 1954

REGISTRAR'S SIGNATURE Ida M. Dougherty actg Reg.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre de Grace, Md.

JAN
BUREAU U. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00403

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Md 21
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON 8
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) (Last) WILSON

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER

8. DATE OF BIRTH: APRIL 15 1870

9. AGE Last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): KENT Co MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN F. WILSON

14. MOTHER'S MAIDEN NAME: KATHERINE WOODALL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphatic Leukemia — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

204.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19 53 to January 19, 19 54, that I last saw the deceased alive on Jan 19, 1954, and that death occurred at 3:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John V Davis MD — Chesapeake City Md — 1/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan-22-1954 — NAME OF CEMETERY OR CREMATORY West Nottingham Cem. — LOCATION (City, town, or county) West Nottingham — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Jan 22 — REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington, Md.

VS. A15

RECEIVED
JAN 27 1921
BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 4915 Palmer Avenue

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) A (Last) WOLFEL Sr.

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-26-1888

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Hancock, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wolfel - Deceased

14. MOTHER'S MAIDEN NAME: Venia Hagan - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW 1

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3

Immediate cause (a): Broncho-pneumonia, bilateral, terminal — Interval Between Onset and Death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Chronic Pachymeningitis — Approx. 2 years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 12-21, 1953, to 1-8, 1954, that I last saw the deceased alive on and that death occurred at 5:15 a m., from the causes and on the date stated above.

SIGNATURE: W. Oppler (Degree or title) ADDRESS: W. OPPLER, M.D. Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: 1-8-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: 1-8-54

NAME OF CEMETERY OR CREMATORY: Unknown

LOCATION (City, town, or county) (State): Hancock, Md.

DATE REC'D BY LOCAL REG.: Jan 8, 1954

REGISTRAR'S SIGNATURE: Ida M. Daugherty acty Reg.

24. FUNERAL DIRECTOR: Wm J Tickner & Sons

ADDRESS: WM. J. TICKNER & SONS, Baltimore, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 11 1954
BUREAU V. S.